

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 07/03/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 07/06/2006					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1708	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		11	748	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	2548	3390 842
		8800	88	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404904	WESTERN HIGHLAN DS LME	21	86	DUPLICATE OF CLAIM-SYSTEM			
		120	32	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	162	26407 26245
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404910	PATHWAYS	11	433	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	422	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	1255	16178 14923
		8536	142	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR			
3404912	CATAWBA COUNTYM ENTAL HEALT	8536	169	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR			
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE	16	229	1459 1230
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404913	MECKLENBURG COM ENTAL HEALT	11	54710	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8933	4724	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5991	61498	63664 2166
		8931	578	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404916	CROSSROADS BENA VIOAL REAL	11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		3411	1	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	4	4530 4526
3404917	CENTERPOINT HUM AN SERVICES	11	2954	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	239	3830	19154 15324
		21	196	DUPLICATE OF CLAIM-SYSTEM			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	73	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	46	469	8981	8512
		537	67	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL L AREA MH D	11	1492	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	692	DUPLICATE OF CLAIM-SYSTEM	53	3210	28745	25535
		8599	523	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	11	154	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	11	171	8083	7912
		8535	3	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404922	THE DURHAM CENT ER	21	95	DUPLICATE OF CLAIM-SYSTEM				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	156	4730	4574
3404923	FIVE COUNTY MH	11	2578	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	543	DUPLICATE OF CLAIM-SYSTEM	12	4347	7289	2942
		8599	467	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	11	186	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	96	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	104	689	11748	11059
		8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	2436	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	476	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	46	3659	9446	5787
		21	390	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	21	57	DUPLICATE OF CLAIM-SYSTEM				
		3404	46	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	11	187	6963	6776
		11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	18	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	10	53	1177	1124
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	230	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	170	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	149	1096	19967	18871
		8931	90	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	333	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	125	DUPLICATE OF CLAIM-SYSTEM	3	587	3690	3103
		8329	54	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404934	ONSLow CARTERET BEHAV HEAL	11	2598	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1505	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	150	7612	9912	2300
		21	1419	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	17	530	513
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	49	DUPLICATE OF CLAIM-SYSTEM				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	91	1718	1627
		8536	6	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404939	NEUSE MENTAL HE ALTH CENTER	11	121	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	33	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	217	1142	925
		21	30	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	21	4640	DUPLICATE OF CLAIM-SYSTEM				
		8599	1194	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	7970	7970	0
		3411	879	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWAN UMAN SERVIC	21	182	DUPLICATE OF CLAIM-SYSTEM				
		10	43	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	6	278	2301	2023
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	798	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	84	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	68	1058	2932	1874
		8931	47	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPONTE HUMA N SERVICES	21	1890	DUPLICATE OF CLAIM-SYSTEM				
		8534	317	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	6	2791	6306	3515
		79	162	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	580	DUPLICATE OF CLAIM-SYSTEM				
		11	428	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	1493	8881	7388
		79	377	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	55	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	0	61	1844	1782
				DATE				
		9404	1	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404979	NEW RIVER AREAM	11	516	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	342	DUPLICATE OF CLAIM-SYSTEM	11	986	5660	4674
		3746	56	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				